FUSTANI

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: OPTICAL FILTER AND OPTICAL DEVICE PROVIDED WITH

, ,		· · · · · · · · · · · · · · · · · · ·						
	escribed and claimed in the specification:							
Check o	Check one *a. 🛭 attached hereto.							
	*a. attached if b. ☐ filed on _	as Application No	and amended on (if applicab	le).				
the claim	ns, as amended by I acknowledge the in Title 37, Code of Under Title 35, U.S	any amendment referred to at duty to disclose to the Office Federal Regulations, §1.56. Code §119, the priority bene	all information known to me to be m fits of the following foreign application	aterial to patentability as				
-			application are hereby claimed:					
Japanese Japanese the Unite	Patent App Patent App The following applied States of Americ	lication No.10-19 lication No.11-18 cation(s) for patent or inventor ca either (a) more than one yo	1822 filed March 31,19,7610 filed July 13,19,76596 filed January 27,775 certificate on this invention were filed prior to this application, or (b) be States provisional application(s):	98 1999 ed in countries foreign to				
prosecut	te this application a Jam Kirk	nd to transact all business in t es A. Oliff, Reg. No. 27,075; M. Hudson, Reg. No. 27,562 Walker, Reg. No. 31,450; Ro	s of record with full power of substitute Patent Office: William P. Berridge, Reg. No. 30,02; Thomas J. Pardini, Reg. No. 30,41 bert A. Miller, Registration No. 32, Registration No. 32,	/4 ; 11;				
ALL CO	ORRESPONDENC DGE, P.L.C., P.L.C.	E IN CONNECTION WITH	THIS APPLICATION SHOULD B PRIA, VIRGINIA 22320, TELEPHONI	E SENT TO OLIFF & E (703) 836-6400.				
true; and are puni	erein of my own kno d further that these ishable by fine or i	owledge are true and that all statements were made with the mprisonment, or both, under	stand the contents of this Declaration statements made on information and the knowledge that willful false statemed Section 1001 of Title 18 of the Unit of the application or any patent issued	belief are believed to be ents and the like so made ed States Code and that				
Typewrit	ten Full Name							
of First o	or Sole Inventor	Keiji		OSAWA				
***	4- 6'	Given Name	. Middle Initial	Family Name Osawa				
TIDVEDIO	r's Signature:	Keiji	29	1999				
	Signature:	Mar.		Year				
**Date of			Day	TPST :				
**Date of		Month	<u>▼</u>					
	nce:	hūou-ku City	TOKYO State or Province	JAPAN Country				

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

** Note to Inventor. Please sign name exactly as it appears above and insert actual date of signing.

(Insert complete mailing address,

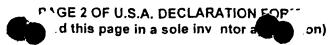
including country)

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE 🔀

3-chome, Chiyoda-ku, TOKYO 100-8331 JAPAN

1

2



かりょうひっ

1	l ypewritten F	ull Name nt Inventor (if any)	Kiyoshige		CHTD1 - 5
	or second son	in inventor (ir any)	Given Name	Middle Initial	SHIBAZ AKI Family Name
	**Inventor's Sig	mature:	1.	Wildule militar	
	**Date of Signa		Kiyoshige	2.0	Shidagahi
	Date of Signa		March	<u> </u>	
	Residence:	77.2 1 1	Month	Day	Year
	· ·	<u>Higashimura</u> City	yama-shi	TOKYO State or Province	JAPAN Country
	Citizenship:	Japan		Clate of 1 Tovince	Country
	·	Post Office Address:		oration,Fuji Bldg a-ku,TOKYO 100-83	
	Typewritten F	ull Name		······································	
	of Third Joint	Inventor (if any)			
			Given Name	Middle Initial	Family Name
	**Inventor's Sig	nature:			
	**Date of Signa	iture:			
		Month		Day	Year
	Residence:			·	
	Citiz anahin:	City		State or Province	Country
	Citizenship:				
		Post Office Address: (Insert complete mailing address, including country)			
	Typewritten Foorth Join	ull Name It Inventor (if any)			
<u>!</u>	**Inventor's Sig	nature	Given Name	Middle Initial	Family Name
	**Date of Signa				
3	Date of Signa		Month	Day	Year
	Desidence		WOTH!	Jay	rear
	Residence:	City	.4"	Olata as Danida as	
	Citizenship:	City	***	State or Province	Country
	Chizenship.				
		Post Office Address: (Insert complete mailing address,			
		including country)			
	Typewritten F				
	of Fifth Joint I	nventor (if any)		·	
	**Inventor's Sig	nature:	Given Name	Middle Initial	Family Name
	**Date of Ci===	di ica			
	**Date of Signa	iture:	Month	Day	Year
	Residence:				, cai
		City		State or Province	Country
	Citizenship:	,	`		Country
	•	Office Address:			
	rost C	(Insert complete			
	,	mailing address,			
		including country)			